Research Snippets

SART3, a candidate gene for disseminated superficial actinic porokeratosis

Although porokeratosis was described more than a century ago, the genetic basis and pathogenesis of this disorder have not been elucidated yet. A missense mutation (p.Val591Met) in *SART3* gene was reported in a six-generation Chinese pedigree with disseminated superficial actinic porokeratosis (DSAP). *SART3* gene encodes a tumor-rejection antigen recognized by cytotoxic T lymphocytes (CTLs), which may be associated with immunosuppression and malignant transformation. Although it is not confirmed that whether the variations in SART3 are causal factors of DSAP, we believe that it is closely associated with the susceptible gene.

Zhang ZH, Niu ZM, Yuan WT *et al*. A mutation in *SART3* gene in a Chinese pedigree with disseminated superficial actinic porokeratosis. *Br J Dermatol* 2005; **152**:658–663.

Prevention of amputation caused by rheumatic diseases following a novel therapy of exposing bone marrow, occlusive dressing and subsequent epidermal grafting

A novel therapy for wounds in rheumatic diseases Patients, including those with rheumatoid arthritis or systemic sclerosis, who had wounds with exposed bones were treated either with the standard procedure or with a newly developed experimental procedure. In the new procedure, the affected bone was initially exposed by debridement with a scalpel, followed by partial excision with a bone scraper until bleeding was observed. The lesions were immediately covered with an occlusive dressing, and were treated with epidermal grafts obtained from suction blisters. The combined therapy reduced the risk of amputation, indicating that this treatment is beneficial in preparing a healthy wound bed and in achieving site-specific differentiation.

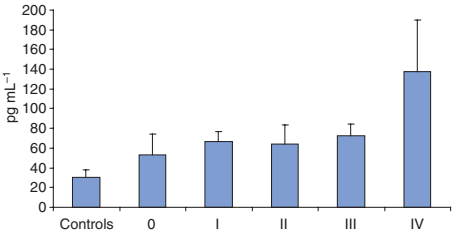
Yamaguchi Y, Sumikawa Y, Yoshida S *et al*. Prevention of amputation caused by rheumatic diseases following a novel therapy of exposing bone marrow, occlusive dressing and subsequent epidermal grafting. *Br J Dermatol* 2005; **152**:664–672.

Desmoplastic malignant melanoma: a systematic review

Desmoplastic melanoma (DM) is a rare form of malignant melanoma. Due to the lack of characteristic clinical features, early detection is uncommon. It is associated with a higher tendency for local recurrence, but metastases to regional lymph nodes are less common. The histologic hallmark of DM is the presence of fusiform melanocytes dispersed in a prominent collagenous stroma. Lens *et al*. pooled the data from 17 published studies in order to improved knowledge on the clinical behaviour and histological features of DM.

Lens MB, Newton-Bishop JA, Boon AP. Desmoplastic malignant melanoma: a systematic review. *Br J Dermatol* 2005; **152**:673–678.

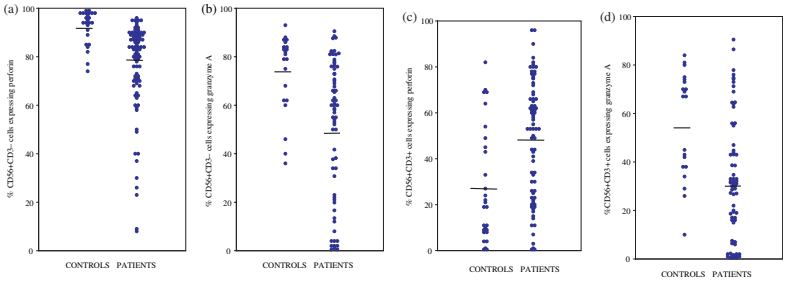
Circulating vascular endothelial growth factor in cutaneous malignant melanoma



Angiogenesis has been reported as a parameter of potential prognostic value in solid tumours. Pelletier *et al*. investigated VEGF plasma levels in a cohort of 324 melanoma patients. A significant increase in VEGF plasma levels was found in melanoma patients compared to healthy controls. No statistical correlation was found between VEGF plasma levels and tumour thickness. Although the data do not demonstrate a prognostic relevance of VEGF levels, the absence of VEGF plasma level increase during follow-up was associated with remission (negative predictive value of 90 %).

Pelletier F, Bermont L, Puzenat E *et al*. Circulating vascular endothelial growth factor in cutaneous malignant melanoma. *Br J Dermatol* 2005; **152**:685–690.

The expression of cytotoxic mediators is altered in mononuclear cells of patients with melanoma and increased by interferon-α treatment



Cytotoxic cells play a crucial role in the control of tumor progression. Perforin and granzyme are major cytotoxic mediators involved in apoptosis mechanisms. In stage II and III melanoma patients, expression of perforin and granzyme assessed by a flow cytometry method is clearly decreased in NK cells, whereas perforin is increased and granzyme decreased in T killer cells (T CD56+). Alpha interferon treatment increases granzyme expression rather than perforin in NK cells and both granzyme and perforin in T CD56+ cells. Interferon-induced modifications of cytotoxic mediators could explain, in part, the activity of interferon as adjuvant treatment in stage II and III melanoma.

Guillot B, Portalès P, Du Thanh A *et al*. The expression of cytotoxic mediators is altered in mononuclear cells of patients with melanoma and increased by interferon-α treatment. *Br J Dermatol* 2005; **152**:690–696.